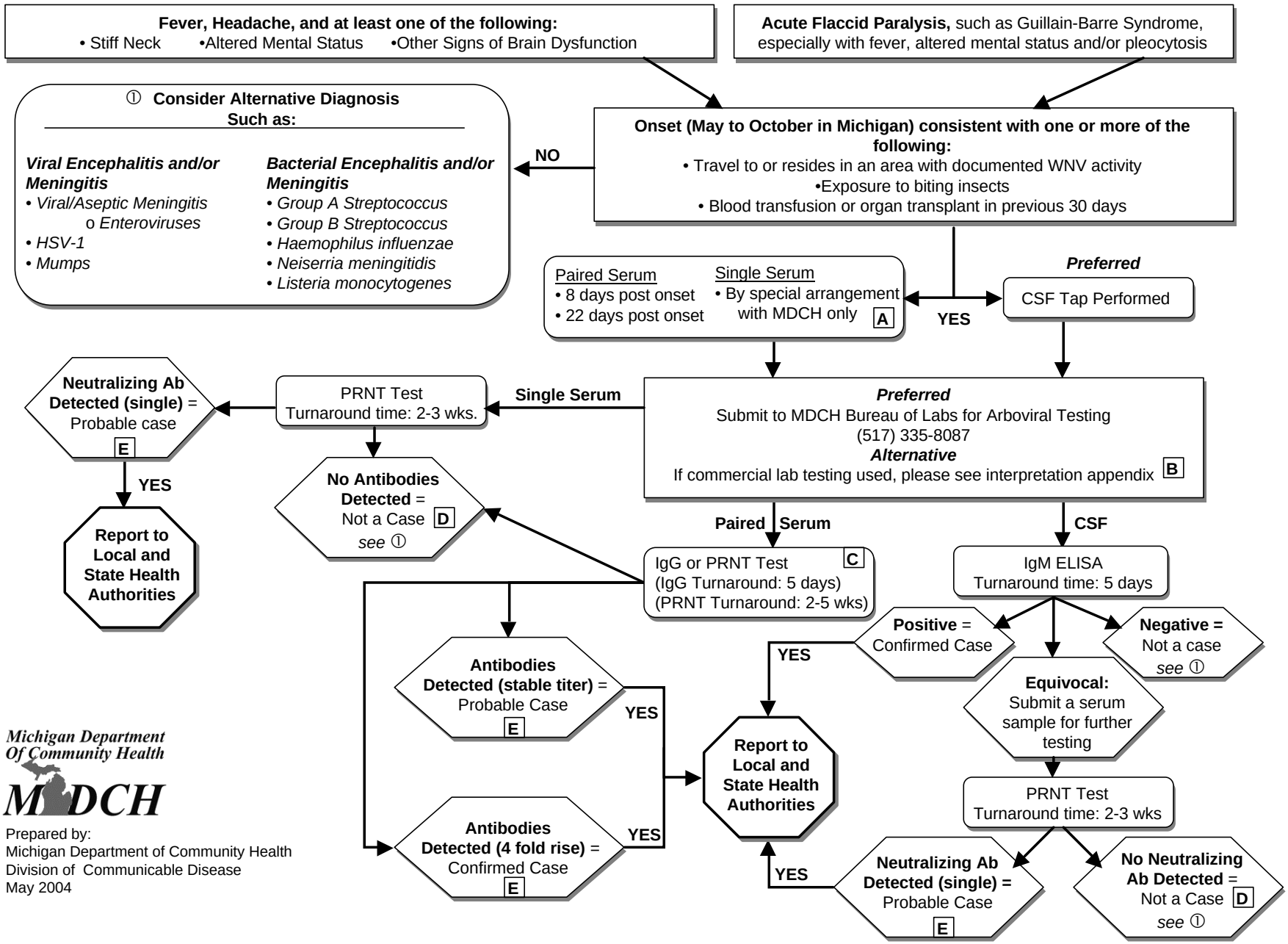
PROTOCOL FOR TESTING, CONFIRMATION, AND REPORTING OF WEST NILE VIRUS IN HUMANS



Michigan Department Of Community Health

MDCH

Prepared by:
Michigan Department of Community Health
Division of Communicable Disease
May 2004

APPENDIX

A

- Patient presents with neurologic symptoms consistent with WNV **AND** CSF tap failed or not performed
- Death of Patient

B

- Commercially tested specimens must be confirmed at MDCH Bureau of Laboratories.
  - Commercial testing is often new and may not be standardized or meet CDC case definition.
  - Commercial testing may not be specific for WNV amongst other flaviviruses.
  - Presence of IgM antibodies in a single serum sample will not confirm a recent infection, because IgM antibodies can persist in serum for up to 500 days post-onset.

C

- For paired specimens initial testing is performed by IgG ELISA on convalescent specimen.
  - Antibodies Present – IgG ELISA is performed on acute specimen
  - Turnaround time for the paired specimens is 10 days
- If cross reaction between the different arboviruses is present, then PRNT is required.
  - PRNT testing turnaround is 2-5 weeks

D

- "Interpretation of Results"
  - No serologic Evidence of Infection with the Arbovirus listed

E

- Single or Stable Titer "Interpretation of Results"
  - Because there is not a four-fold increase in neutralizing antibody titer, results can not be used to distinguish between a current and past infection with the Arbovirus listed.
  - If patient has clinically compatible illness, report to public health as a "**probable case**."
- Four Fold or Greater Rise in Antibody Titer "Interpretation of Results"
  - Results indicate a four-fold or greater rise in detectable neutralizing antibody titer which is consistent with a current or recent infection with the Arbovirus listed.
  - Report to public health as a "**confirmed case**."

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